

STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

South Carolina

Mailing Address P.O. Box 5757 Columbia, SC 29250-5757

RENEWAL CONSUMER CREDIT GRANTOR NOTIFICATION FOR RENT-TO-OWN BUSINESSES

S.C. Code Ann. §§ 37-6-201, -203, -204 & Reg. 28-8, 28-40 (803) 734-4238 | www.consumer.sc.gov | (803) 734-4200

Street Address 2221 Devine St., Ste. 200 Columbia, SC 29205-2418

Application can be filed online. Visit www.consumer.sc.gov and click on "online licensing."

IMPORTANT: Print legibly or type information requested on this form in its entirety. Illegible or faxed applications will not be accepted. Incomplete information could result in delay or denial of your application. When completing the application, attach additional pages as necessary. For more information, refer to the Registered Creditors Filing Instructions and Flowchart on our website (click "Business/Industry Information" then "Registered Creditors").

Application is not complete without the filing fees. Make checks payable to S.C. Department of Consumer Affairs.

GENERAL INFORMATION								
Business Name (Headquarters/Main))							
DBA								
		tions and include the following information for each branch: location d contact person. If you conduct transactions through a website, t (website address is the location/DBA name).						
Type of Business (check one and provide FTIN or SSN in box to right)		☐ Corporation ☐ Limited Liability Company ☐ Limited Partnership ☐ Limited Liability Partnership Are you in good standing with the Secretary of State's Office?			Fed Tax ID No. (last 4) Yes No			
8/		General Partnership Sole Proprietorship		SSN (last 4)				
Physical Address								
	City	State		Zip				
Mailing Address (If different from above)	City	State		Zip				
Website Address								
Designated/Register Agent* Mailing Address	ed							
-	City	State		Zip				
*The designated/registered agent is the person designated to receive any legal documents served on your business.								
Contact Person**		Telephone 1	No.	()	-			
E-mail Address	Fax No.	-	()	-				
**The o	ontact i	person is the person the Department will call with any questions	about th	e applica	ation.			

QUESTIONS								
1.	Is this your first time filing a Consumer Credit Grantor Notification form? If "Yes," list the date your business opened:	Yes	□ No					
2.	Do you engage solely in rental-purchase (rent-to-own) transactions in South Carolina? <i>If "No," complete the Consumer Credit Grantor Notification form.</i>	☐ Yes	□ No					
3.	Will your annual gross volume of business exceed \$150,000 in cash and credit combined? (Gross volume/sales is the amount reported to the Internal Revenue Service).	Yes	□ No					
4.	Do you use written agreements to extend consumer credit in South Carolina? (Written agreements include but are not limited to installment contracts, promissory notes and written billing statements with credit terms for open accounts.)	☐ Yes	□ No					
5.	How do you maintain records in your accounting system? Paper Electronically							
6.	All rental-purchase (rent-to-own) businesses must file and pay a notification fee of \$120.00 per location. Number of locations in South Carolina:							
7.	Multiply the number of locations determined in question 6 by \$120.00. YOUR FILING FEE IS: \$							
s/he	e undersigned warrants that his or her signature is duly authorized and delivered by and for the signs. The undersigned swears or affirms and certifies that all information contained in this achments to this form is true, accurate, and complete.		hich					
Sig	nature Title							
Prir	nt Name Date							

The South Carolina Freedom of Information Act may require the Department to release a copy of your filing as a public record. Personal identifying information will be released only if required by law.